

**POST OFFICE SAVINGS BANK  
NEW/CHANGE KYC ( Know Your Customer) Form (to be sent to CPC)**

	<u>Signature</u>	<u>Recent Photograph</u>
Applicant (1)  Name:-  CIF ID No.  Account/Registration No.	(1)	
	(2)	
Applicant (2)  Name:-  CIF ID No.  Account/Registration No.	(1)	
	(2)	
Applicant (3)  Name:-  CIF ID No.  Account/Registration No.	(1)	
	(2)	

Please fill all the information below in case of new account and only relevant information in case of Change in KYC

Name (in capital letters)			
Flat/House No.		Locality	
Road		Landmark	
City		PIN	
State		Country	
Tel (Off)		Tel (Res)	
Mobile No		E Mail ID	

I hereby submit photo copy of the following documents (self-attested) for the proof of –

Proof of Identity (doc. type & no.)	
Proof of address (doc. type & no.)	

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb Impression:-      1<sup>st</sup> Applicant  
(In case of joint a/c holders all applicants have to sign)

2<sup>nd</sup> Applicant

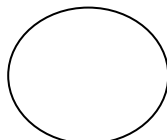
3<sup>rd</sup> Applicant

For Office Use only

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

Signature of BPM  
Date:

Date Stamp:-



Signature of SPM

Signature of Postmaster

